

Summer Camp 2019 PLAY Grant Application

Participants are allowed one PLAY grant during the summer session.

Registration for Summer Camps will begin online on Thursday, February 28 for Outdoor Education and Saturday, March 2 for most others. In order to register online using PLAY, campers must have a coupon code. To receive a coupon code, please either mail, e-mail or fax a PLAY application and proof of eligibility **prior to Friday, February 22**, to one of the following: CAMPS, Columbus Recreation and Parks, 1111 E. Broad St., Columbus OH 43205; wmfrantz@columbus.gov or fax number (614) 645-0686. **Coupon code will be e-mailed to parent.**

Registration process on/after Saturday, March 2: Go to a Columbus Community Center with your PLAY application and proof of eligibility for on-site registration and approval **OR** send the PLAY application and a copy of proof of eligibility by one of the ways in the above paragraph.

How to apply:

Fill out this form completely. **Please print, sign and date the application at the bottom of this page.**

A legal guardian must submit a current copy of one of the following proof of eligibility:

****Most recent Federal Income Tax Return (W-2's not accepted)**

****EPPICard**

****Ohio Works First**

****Medicaid/CareSource/Molina health card**

Note: PLAY grant approval does not guarantee space in camp. You still must complete the registration process.

PLAY funds do not apply to CRPD Fitness Program and PLAY is not responsible for fees above maximum amount allowed.

Please complete the following information (Please print):

Name of Camper: _____

Birth Date of Camper: ____/____/____ **Parent E-mail:** _____

Name of Legal Guardian: _____

Mailing Address: _____ **City:** _____, OH **Zip:** _____

Phone Numbers: (w) _____ (h) _____ (c) _____

STAFF: Please circle appropriate form of verification and sign application below:

Recent federal income tax return

Medicaid

Ohio Works First

CareSource/Molina

EPPICard

CAMP _____ **CAMP SESSION** _____

AMOUNT OF PLAY GRANT: \$ _____

(Not to exceed \$90 or cost of one week of camp.)

I certify that the above and attached information is true and complete to the best of my knowledge. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that financial assistance is based on need, but does not automatically guarantee selection. I further understand PLAY participants are selected on a first come, first served basis based on the number of grants available.

Signature of Legal Guardian _____ **Date** ____/____/____

CRPD Staff Signature _____ **Date** ____/____/____